



Scott Newcomer

STATE REPRESENTATIVE • 33rd ASSEMBLY DISTRICT

TO: Members of the Assembly Committee on Health
FROM: Scott Newcomer, Representative, 33rd Assembly District
RE: Assembly Bill 610
DATE: February 5, 2008

Members of the Health Committee, thank you for giving me this opportunity to speak today on Assembly Bill 610. This legislation is important because it puts audiology more in-line with other non-medical degree holders and codifies how hospitals, clinics and the U.S. Department of Labor commonly define audiologists.

The intent of the bill is to better protect consumers and more accurately reflect the current reality of the audiology profession. The bill would change the definition of audiology, licensure requirements for audiologists, create new grounds for discipline of audiologists, hearing instrument specialists, and speech-language pathologists, and replace the term hearing aid with hearing instrument. The Wisconsin Speech-Language Pathology and Audiology Professional Association (WSHA-P) worked closely with the Hearing and Speech Examining Board in the Department of Regulation and Licensing, the Wisconsin Alliance of Hearing Professionals, and academic institutions in Wisconsin that offer programs in communicative disorders to develop language that is reflected in this bill.

This bill would change the definition of audiology to better reflect the scope of practice for audiology putting the definition of the profession more in accordance with other non-medical degree holders such as chiropractors, podiatrist, dentists, and optometrists.

The audiology profession is a relatively young medical field. Advances in research and science continue to improve the field of audiology creating a need for the profession to grow more knowledgeable as qualified clinicians. Across the nation, professional organizations like WSHA-P and academic institutions recognize the necessity to increase the minimum academic and clinical training requirements from a MA/MS in audiology to a professional doctorate for entry into the profession. Accredited academic institutions are phasing out their masters programs in audiology and are moving toward a doctoral degree in Audiology, an AuD. Academic institutions in Wisconsin have phased out their masters programs and are no longer granting masters degrees in Audiology.

This bill increases consumer protection by strengthening the definitions of deceptive advertising and intentional or negligent representation regarding a hearing instrument or service as well as prohibiting the use of certain titles that are confusing to the consumer as to the type of education and training an individual has received.

Scott Newcomer, Representative
33rd Assembly District



WISCONSIN
SPEECH-LANGUAGE PATHOLOGY
and AUDIOLOGY PROFESSIONAL ASSOCIATION

Assembly Bill 610

Assembly Bill 610 was introduced at the request of the Wisconsin Speech-Language Pathology and Audiology Professional Association (WSHA-P). WSHA-P has been very conscientious of the Hearing and Speech Examining Board and the Wisconsin Alliance of Hearing Professionals. WSHA-P has worked well with both groups in the past and has kept the two groups informed of the progress of the legislation.

The Hearing and Speech Examining Board reviewed the legislation on multiple occasions offering comments, such as eliminating all statutory reference to "hearing aid" substituting it with "hearing instrument." The reason for the suggested change is for the statutes to reflect the more common use of the term hearing instrument over hearing aid and also because hearing instrument is a better match with the licensure of hearing instrument specialists.

In addition, AB 610 largely does three things to keep Wisconsin in line with the rest of the country:

1. **Requires a doctoral degree or substantially equivalent education or training for new applicants to obtain a license to practice audiology in Wisconsin. Minimum education requirements stay the same for all other licensures under Chapter 459 (speech-language pathologists and hearing instrument specialists).**
2. **Changes the definition of the practice of audiology to include the diagnosis of abnormal hearing and balance with the design and implementation of a treatment plan.**
3. **Improves consumer protection by:**
 - a. **Creating a definition of deceptive advertising all license holders under Chapter 459 are subject too.**
 - b. **Requiring disclosure of the license title on the receipt-of-sale of a hearing instrument to the consumer by all license holders under Chapter 459.**
 - c. **Prohibiting the use of the title "audioprosthologist" for all persons.**

Minimum Education Requirements

The change to the minimum education requirements for audiologists from a MA/MS to an Au.D should not be controversial. The change is necessary to reflect the reality of new developments in science and research and the available academic programs. In Wisconsin, there are no longer any masters programs in audiology available and Wisconsin is among other states that still need to address this reality through the legislative process.

Definition of Audiology

The proposed revision to Chapter 459 is with regard to audiological diagnosis and treatment, not medical diagnosis. Historically, physicians have been opposed to the inclusion of diagnose, treat, and manage in the definitions of non-medical doctoral level fields of study maintaining that they are

components of the practice of medicine. In Wisconsin several statutes include language related to non-medical and non-surgical diagnosis and treatment, including optometry, chiropractic, dentistry, and physical therapy.

Not all non-medical doctoral fields include diagnose and treat in their definitions including audiology; however it is commonplace to see hospitals and clinics promote their audiologists as able to diagnose and treat conditions of the ear such as hearing loss and balance disorders. **The current scope of practice for audiology requires that an audiologist refer for primary or specialty medical care when indicated. This is not changed in the legislation.**

Under current law, audiologists hold a masters or doctoral degree, are required to complete a full-time clinical externship and national competency examination, and also have continuing education requirements. An audiologist's education and training enable him or her to diagnose and treat hearing loss and balance problems through non-medical means within his or her scope of practice. The revisions to Chapter 459 are not intended to supplant primary and specialty medical care by physicians. The proposed changes codify what is already commonplace and put audiology more in accordance with other non-medical doctoral fields of study.

Deceptive Advertising

AB 610 creates a definition of deceptive advertising that all license holders under Chapter 459 would be subject too. Current law has proven too broad for a majority of consumer complaints to reach the board for full review. As a result many concerns and complaints, whether justified or not, go unaddressed. A definition of deceptive advertising strengthens consumer protection by providing a better avenue for legitimate complaints to reach the Hearing and Speech Examining Board for review.

Receipt-of-Sale of Hearing Instruments

Current law requires a hearing instrument specialist to advise their customers that the services provided by a hearing instrument specialist are not the same as an examination, diagnosis or prescription by a person licensed to practice medicine and, therefore should not be interpreted as medical opinion or advice. AB 610 includes a person who practices audiology and also audiological opinion or advice. The intent of the language is to include audiological diagnosis and treatment, not medical diagnosis, and will not make the practice of audiology synonymous with the practice of medicine. AB 610 also requires the license title on the receipt in addition to the license number, which is already required under current law.

"Audioprosthologist"

The title "audioprosthologist" is misleading to the consumer and should be prohibited. The proposal will prohibit the use of "audioprosthologist" as a title for **all persons** regardless of licensure under Chapter 459. The International Hearing Society, a professional association, offers a continuing education course for hearing instrument specialists, the American Conference of Audioprosthology (ACA) program. After completing the course, a certificate of audioprosthology is awarded. The term "audioprosthologist" is a marketing term used by some hearing instrument specialists who have completed the commercial, non-academic course in the fitting and sale of hearing aids. The agency that accredits the program, the American Council on Education (ACE) is not recognized by the U.S. Department of Education as an accrediting agency.

The audioprosthology course is appropriate for completing continuing education requirements, but **an "audioprosthologist" is not a separate license in Wisconsin and an "audioprosthologist" doesn't have the ability to do anything more than what is in his or her scope of practice as a licensed hearing instrument specialist.** Hearing instrument specialist's customers may be misled because "audioprosthologist" is similar to audiologist and therefore implies that the hearing instrument

specialist has education, training, and credentials more in accordance to an audiologist and above that of a hearing instrument specialist.

The minimum educational requirement for an initial license as a hearing instrument specialist in Wisconsin is a high school degree. A hearing instrument specialist can do a hearing test, following a strict protocol defined by Chapter 459 and only for the sole purpose of selecting and fitting hearing aids. The proposal does not prohibit hearing instrument specialists from taking the continuing education course offered by the International Hearing Society.

License holders in Wisconsin are given the privilege to practice by their licensing boards and should engage in professional conduct and not use titles other than those permitted under their respective licensure laws. It is not uncommon to prohibit the use of misleading titles. The reason to prohibit the use of misleading titles is to protect the public from persons misrepresenting their education, training, and credentials. In Wisconsin other licensees are protected from the misuse of titles such as podiatrists, physical therapists, athletic trainers, physicians, physician assistants, perfusionists, and osteopaths.

Speech-Language Pathologist: A person who evaluates and diagnoses speech, language, cognitive-communication and swallowing disorders. Speech-language pathologists treat speech, language, cognitive-communication and swallowing disorders in individuals of all ages, from infants to the elderly.

Hearing Instrument Specialist: A person who engages in the practice of selling and/or fitting hearing instruments. The practice of fitting and selling hearing instruments means measuring human hearing solely for the purpose of making selections, adaptations or sales of hearing aids.

Audiologist: A person who is a primary hearing health provider who diagnoses, treats, and manages individuals with hearing loss or balance problems from birth to adulthood through auditory and vestibular assessments. Audiologists may also dispense and fit hearing instruments as part of a comprehensive habilitative program. Audiologists refer patients to physicians when the hearing or balance problem requires medical or surgical evaluation or treatment.

| License under Chapter 459 | Minimum education (Under AB 610) | Supervised clinical practicum | Postgraduate clinical fellowship or 4 th year post-graduate externship | Examination | Continuing education |
|-----------------------------------|--|-------------------------------|---|-------------|----------------------|
| Speech-Language Pathologist (SLP) | Master's degree in speech-language pathology | Yes | Yes | Yes | Yes |
| Hearing Instrument Specialist | High School or education equivalent to a 4-year course in an accredited high school. | No | No | Yes | Yes |
| Audiologist | Doctoral degree (Au.D. or Ph.D.) | Yes | Yes | Yes | Yes |

**Testimony of Scott Chalet, MD,
on behalf of the Wisconsin Society of Otolaryngology -Head and Neck Surgery
to the Assembly Health and Healthcare Reform Committee**

Re: AB 610, relating to replacing the term hearing aid with hearing instrument, creating new grounds for discipline of hearing instrument specialists, audiologists, and speech-language pathologists, changing the definition of audiology, and changing licensing requirements for audiologists, and granting rule-making authority.

Chairwoman Vukmir and Members of the Committee:

My name is Scott Chalet, and I live here in Madison. I am here today representing the Wisconsin Society of Otolaryngology-Head and Neck Surgery, urging the committee to oppose AB 610 in its current form. The WSO-HNS represents approximately 200 physicians in the state who specialize in the diagnosis and treatment of disorders of the ears, nose, and throat, and related structures of the head and neck, and are more commonly referred to as ENTs. We appreciate the opportunity to comment on this bill.

Otolaryngologists work closely with audiologists, speech-language pathologists, and hearing aid dispensers in caring for hearing and communications healthcare patients. Each play an important role in the physician-directed care of patients who are suffering from symptoms like hearing loss, dizziness, and swallowing problems, just to name a few.

The WSO-HNS has three concerns with the bill as written, specifically Sections 28, 14, and 30-32. Section 28 would greatly expand the practice of audiology to permit them to diagnose, treat, and manage hearing, vestibular, and other undefined disorders. Hearing and vestibular disorders are medical conditions and require, by necessity, a full history and physical examination by a physician and a medical diagnosis with medical management and treatment options presented and pursued by a physician. While we believe it is important to recognize advancements in the training standards and education of audiologists, if this language were to be adopted, patients would be at risk of being misdiagnosed and/or inappropriately treated for their hearing and vestibular disorders. Oftentimes, a hearing or vestibular disorder is an indicator of a medically-treatable condition or underlying systemic disease, for which only a physician is trained to identify.

As you may know, physicians must complete a comprehensive medical education and general surgical internship before entering the field of Otolaryngology, Head and Neck Surgery. Although my field is specialized, the training I received is essential for me to evaluate the entire patient. During my general surgery training, a patient who reported to me some hearing loss required an emergent operation. The night after the operation I observed gross neurological defects that I discovered to be caused by a large brain tumor. I quickly learned that something as simple as "hearing loss" is not always simply hearing loss.

We are concerned that Section 14 will cause confusion among patients, and is unnecessary. This section will liken audiologists to physicians with regards to providing medical examinations and

diagnoses prior to patients being dispensed a hearing aid. Audiologists are neither trained, nor permitted to do so.

Finally, we are concerned that Sections 30-32 may contain language that is too vague, as it permits audiologists and speech-language pathologists to use unlimited titles to describe their practice. Without defining permissible titles, the public may not understand what type of provider they are seeing and may think they are seeing a physician when they are seeing an audiologist or speech-language pathologist.

The WSO-HNS is hopeful that this bill can be amended to address our concerns, as we feel other parts of this bill are appropriate. We are happy to provide you with alternative language for Section 28 and would recommend that the changes to Sections 14 and 30-32 be struck.

Thank you for your time and consideration.

Scott R. Chalet, MD